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35554 7590 12/09/2011 REENA KUYPER, ESO. BYARD NILSSON, ESO. 9229 SUNSET BOULEVARD

SUITE 630

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LOS ANGELES, CA 90069				(Depositor's name)		
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/505,914	02/17/2000		Ronald A. Katz		6046-101D9	7141
TITLE OF INVENTION: COMMERCIAL PRODUCT ROUTING SYSTEM WITH VIDEO VENDING CAPABILITY						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$870	\$0	\$0	\$870	03/09/2012
EXAMINER		ART UNIT	CLASS-SUBCLASS]		
WOO, STELLA L		2614	348-014010	_		
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 			2. For printing on the p		1	
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to or agents OR, alternati	vely,	attoritys	
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AN	D RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or ty	xe)		
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
TELEBUYER, LLC			LOS ANGELES, CA			
Please check the appropriate assignee category or categories (will not be printed on the patent): 🚨 Individual 🖾 Corporation or other private group entity 🚨 Government						
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						
Issue Fee □ Publication Fee (No small entity discount permitted)			A check is enclosed.			
		ermitted)	☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any			
Advance Order - # c	t Copies		overpayment, to Deposit Account Number _50-1636 (enclose an extra copy of this form).			
5. Change in Entity Statu			_			
□ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publicating Fee (if required) will not be accepted from anyons other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of [ab] Judical States Patent and Trademark Office.						
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Authorized Signature _	Nec	u.	1	Date /2	1/3/11	
Typed or printed name Ronald A. KATZ, Inventor			ζ	Registration No.		···
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